

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10 501274

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6		1		1		
7		6		6		
8		6		6		
9		6		6		
10		6		6		
11		6		6		
12		6		6		
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17		6		6		
18		6		6		
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20		6		6		
21		6		6		
22		6		6		
23	1		1			
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25	1		1			
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50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS		26				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						